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Radio Address, Albany, June 23, 1932

THE COST OF STATE GOVERNMENT—DEPARTMENT OF MENTAL HYGIENE

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Two weeks ago I presented the first of these talks about how we might cut expenditures of the State government in order to reduce taxes. I told you that these discussions—without color of personal opinion or partisan viewpoint—would analyze each week the costs of some State department, present the facts, and set forth the questions of policy which the people and the Legislature must decide if retrenchment is to be discriminating rather than haphazard.

But it is not easy to be coldly objective in examining the services and costs of that part of the State's affairs before us tonight: the Department of Mental Hygiene. In analyzing its expenses, it is difficult not to look beyond the figures, and dwell upon the intensely human activities, problems and troubles out of which they grow.

In this department, we are studying 19 hospitals for the insane, five schools for mental defectives, and one colony for epileptics. But, in doing that, we also are looking into 60,000 homes—probably one on every street

and highway in the State—in each of which the primary concern is for the well-being of the alienated member who is a patient in one of these institutions. It is one thing to appraise a department whose work is measured, say, by miles of road paved. It is quite another to appraise a department whose work takes form in the comfort of partially helpless people.

Over bad winter roads, a committee of the New York State Medical Society journeyed to Albany in 1836 to renew once more its plea for the State to put a stop to the neglect and cruel treatment of insane persons. On that occasion, the committee's petition was granted. A law was passed. It authorized the first State hospital for the insane. Seven years later, the institution built at Utica received its first patient. From that beginning—stimulated by the increasing social enlightenment of succeeding generations and finally by the wave of public sentiment which followed the loss of 25 lives in the Ward's Island fire of 1923—have grown the present hospital and school facilities for the insane and mental defectives. Today they shelter, clothe, feed, educate and give medical attention to a population nearly as large as that of the city of Troy.

The expenditure on this account has arisen steadily, more rapidly during the past 10 years than during any earlier decade. In addition to the cost of current operation, there have been from time to time large additional expenditures from bond funds and taxes for the construction of new buildings and the modernization of old ones. The last referendum on bonds to finance construction work at these institutions was carried by a popular vote of seven to one. The voice of the people—whether measured by ballots or referenda, or by repeated legislative acts extending this work—has delivered to few State departments a clearer and more positive mandate. In the large sense, our question tonight is: Has the time come for that mandate to be modified?

The total expenditure has increased from \$14,000,000 in 1922 to \$24,000,000 in 1931. But that is a misleading basis upon which to observe cost trends in this kind of department. The cost per patient is more reliable. While total operating costs have increased 63 per cent, the number of patients has gone up 31 per cent. The cost per patient in the hospitals has advanced from \$322 to \$403 per year, or 21 per cent, and the cost per child in the schools from \$288 to \$338, or 17 per cent. The cost to the taxpayers is slightly more than \$1 per day for each patient in these institutions.

Put it this way: Suppose we start with 1922 costs and standards of operation and medical care. On that basis, we spent \$14,600,000. Then the number of patients increased from 44,000 to 58,000. That increased the cost by \$4,500,000. By degrees over the past 10 years, we have increased the pay of institutional employes by \$3,500,000. The remaining \$1,500,000 of that increased cost since 1922 is due to improved medical and scientific care; the providing of somewhat better food and clothing; a slight increase of administrative overhead cost, and the development of two inexpensive institutes for experimental research work in the treatment of mental diseases.

Those plain facts of arithmetic suggest the questions with which we must deal if we should decide to reduce the cost of this department to the 1922 level.

Let's take the largest item of increase first, \$4,500,000 growing out of the larger number of patients. Why did their number increase? Because more people go insane nowadays? No, but rather because when the State provided hospitals for treatment rather than asylums for mere detention of mental unfortunates the public attitude toward such institutions changed. Families started regarding them as a hopeful first resort rather than as a despairing last resort for the care of such people. Has the percentage of the population suffering from mental diseases increased? No, but a larger proportion of our population nowadays is living to ages at which they suffer physical deterioration, one form of which is insanity. As one authority put it recently: In Victorian days, one out of every four persons born died before the age of five; today, three out of every four persons born live to

the age of 50. Is the average family today more callous than formerly toward the plight of a mentally deficient relative? Not at all, but fewer of our people are living on farms, where the women folks stay at home and can take care of a mentally unbalanced adult or child.

Not only do families turn over to the State many cases formerly cared for at home, but they also are less willing to take these patients back when their condition has improved. Such changes of social habit do not grow out of changes in law. They do not yield to arbitrary reduction of budgets. From such facts develop these questions:

(1) Should the State discharge from these institutions sufficient patients to reduce the number to the 1922 level?

(2) Should the State tighten up its commitment laws so that certain cases now treated would no longer be admitted to these institutions?

(3) Should the State start paroling improved patients from these institutions, without reference to their ability to sustain themselves, or their families' ability or willingness to care for them?

Now let's look at the next increase, that of \$3,500,000 due to increased pay of attendants. Why was the pay increased? Ten years ago attendants were paid \$44 a month. At that pay, it was difficult to get suitable people for this work. Sometimes undesirable fosters and drifters had to be employed. They would take a job temporarily. They had scant interest in the work. Once they had a few dollars, they would leave. The labor turnover, with its obvious effect of indifferent treatment of patients, sometimes reached the amazing figure of 300 per cent a year.

Wisely or not, the Legislature decided to improve conditions. Minimum pay was raised to \$54 a month. As an inducement to continuance in the service, pay increases at certain intervals were allowed. Now it is possible for an attendant, after his twentieth year of caring for insane people 12 hours a day, six days a week, 50 weeks a year, to earn \$86 a month. And, except during a depression, there is no waiting list for these jobs. Accordingly, while considering the possible saving of \$3,500,000 a year, we also must face a possible return to 1922 conditions of labor turnover when we ask the question:

(4) Should the State reduce the compensation of hospital and school attendants to the 1922 level?

We have a few more questions to examine here. By a number of minor changes in the operating policies of these institutions, we could cut out the remaining \$1,500,000 of the increase since 1922. For instance, the item of food. The doctors say that good food promotes the contentment necessary if people are to recover from mental diseases. By disregarding their opinion, and by cutting the ration back to the 1922 level from its present cost of eight cents a meal, we could save about \$430,000 a year.

Here is another thing. Some women are mentally deficient are even more sensitive on this point. To provide a hospital with small quantities of 10 patterns of gingham for women's dresses costs more than to provide 10 times as much goods of one pattern. By declining to indulge this and other whims with respect to clothing of hospital patients, it might be possible to save \$105,000 a year.

An important element of medical treatment for mental patients is to give them something to do with their hands. Sometimes that is the only possible approach toward bringing them out of their mental shells. We could save considerable money each year if we simply declined to provide such things as the beauty parlor equipment with which women patients engage themselves.

Rounding up these miscellaneous items, we encounter the question:

(5) Should the State return to 1922 standards in treating and promoting the recovery of mentally deficient people and thereby save approximately \$1,500,000 a year?

All of these questions are found in a single department. To some degree, the increased costs of the past 10 years reflect the decisions made by those placed in authority and responsibility. Were the decisions prudent? What do you think?

The facts are available. Those concerning this department, and those concerning other departments considered in the two previous talks, are based upon short, clear, understandable reports submitted to me by the men in charge of their work. You can have copies of any or all of them upon request. Get these reports. Study them yourself. Talk them over in your chamber of commerce, local farm bureau, civic club, parent-teachers' association or similar group. Then you can help to reduce your own taxes by pointing out to us just what costs you consider extravagant, and just what policies you believe should be changed. The time to work for tax reduction is before the budget is drafted. The time to write sound tax legislation is before the laws are passed.

I have been greatly heartened by the many recent evidences of the growing interest of the people in matters of public finance. Just since this series was started, several citizens' movements have taken form in New York City, in other communities, and in the State as a whole, just for the purpose of studying State and municipal finances, and giving expression to the views of the people. It is from them that the State of New York will get tax relief in the last analysis: less from governors, administrative officials, and legislatures, than from the interest and energetic action of the people themselves, making known their desires, opinions and suggestions in the interest of the common good.
